

**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
AND CHANGE OF
CORRESPONDENCE ADDRESS**

Application Number	10/668,454; Patent No. 7,015,112
Filing Date	09-22-2003
First Named Inventor	Ta-Chung Wu
Art Unit	2823
Examiner Name	NGUYEN, KHIEM D
Attorney Docket Number	17620R-002600US

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

all the practitioners of record;

the practitioners (with registration numbers) of record listed on the attached paper(s); or

the practitioners of record associated with Customer Number: _____

NOTE: The immediately preceding box should only be marked when the practitioners were appointed using the listed Customer Number.

The reason(s) for this request are those described in 37 CFR:

<input type="checkbox"/> 10.40(b)(1)	<input type="checkbox"/> 10.40(b)(2)	<input type="checkbox"/> 10.40(b)(3)	<input type="checkbox"/> 10.40(b)(4)
<input type="checkbox"/> 10.40(c)(1)(i)	<input type="checkbox"/> 10.40(c)(1)(ii)	<input type="checkbox"/> 10.40(c)(1)(iii)	<input type="checkbox"/> 10.40(c)(1)(iv)
<input type="checkbox"/> 10.40(c)(1)(v)	<input type="checkbox"/> 10.40(c)(1)(vi)	<input type="checkbox"/> 10.40(c)(2)	<input type="checkbox"/> 10.40(c)(3)
<input type="checkbox"/> 10.40(c)(4)	<input checked="" type="checkbox"/> 10.40(c)(5)	<input type="checkbox"/> 10.40(c)(6) Please explain below:	

Certifications

Check each box below that is factually correct. WARNING: If a box is left unchecked, the request will likely not be approved.

- I/We have given reasonable notice to the client, prior to the expiration of the response period, that the practitioner(s) intend to withdraw from employment.
- I/We have delivered to the client or a duly authorized representative of the client all papers and property (including funds) to which the client is entitled.
- I/We have notified the client of any responses that may be due and the time frame within which the client must respond.

Please provide an explanation, if necessary:

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Complete the following section only when the correspondence address will change. Changes of address will only be accepted to an inventor or an assignee that has properly made itself of record pursuant to 37 CFR 3.71.

Change the correspondence address and direct all future correspondence to:

A. The address of the inventor or assignee associated with Customer Number: _____

OR

B.	<input checked="" type="checkbox"/> Inventor or Assignee name	Mosel Vitelic Corporation		
Address	3910 North First Street			
City	San Jose	State	CA	Zip
Telephone	(408) 433-6013		Email	llam@mvc.com
I am authorized to sign on behalf of myself and all withdrawing practitioners.				
Signature	/Ardeshir Tabibi/			
Name	Ardeshir Tabibi			Registration No. 48,750
Address	TOWNSEND AND TOWNSEND AND CREW, LLP TWO EMBARCADERO CENTER EIGHTH FLOOR			
City	SAN FRANCISCO	State	CA	Zip
Date	December 19, 2008			Telephone No.

NOTE: Withdrawal is effective when approved rather than when received.

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